

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214551020		
1.) CORPORATION NAME: MOTHERS AGAINST DRUNK DRIVING				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATE CREATIONS NETWORK INC 6802 PARAGON PLACE SUITE 410 RICHMOND, VA		DUE DATE: 11/30/2014 SCC ID NO: F0504292 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY				
4.) STATE OR COUNTRY OF INCORPORATION: DC				
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 511 E JOHN CARPENTER FREEWAY STE. 700 CITY/ST/ZIP: IRVING, TX 75062 </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: BILL WINDSOR, JR. TITLE: PRESIDENT ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: JANICE WITHERS TITLE: PRESIDENT ADDRESS: 511 E JOHN CARPENTER FRWY SUITE 700 CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: BRIAN URSINO TITLE: TREASURER ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: MARY FRANCES KLOTZBACH TITLE: VICE-CHAIR ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: COURTNEY POPP TITLE: SECRETARY ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: JOHN T. GRIFFIN TITLE: CGO ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		

NAME:	LISTA HIGHTOWER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	511 E JOHN CARPENTER FRWY #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	VICKI KNOX	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	ADAM VANEK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GENERAL COUNSEL		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	DEBBIE WEIR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	STEVE BENVENISTI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	BARBARA BRODT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	BRAD BULLA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	ROBERT CARTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	SALLY GANEM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	TARA KELLEY - BAKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	FRANK G. MARGOURILOS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANA MCCOWN DIRECTOR 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD MEDFORD DIRECTOR 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHRYN NELSON DIRECTOR 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL ROMERO DIRECTOR 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COLLEEN SHEEHEY DIRECTOR 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAHESH SHETTY DIRECTOR 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MONICA VANDEHEI DIRECTOR 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NINA WALKER DIRECTOR 511 E JOHN CARPENTER FRWY SUITE 700 IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LISTA HIGHTOWER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LISTA HIGHTOWER, CFO PRINTED NAME AND CORPORATE TITLE	11/24/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			